

CLAIMS ONLY							Application Number <i>10/649,681</i>		Filing Date			
<i>2-8-05</i>							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			<u> </u>	<u> </u>			51					
2			<u>1</u>				52					
3			<u> </u>	<u> </u>			53					
4			<u> </u>	<u> </u>			54					
5				<u>1</u>			55					
6			<u> </u>	<u> </u>			56					
7				<u>1</u>			57					
8			<u> </u>	<u> </u>			58					
9			<u>1</u>				59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			<i>2</i>				Total Indep					
Total Depend			<i>2</i>				Total Depend					
Total Claims			<i>4</i>				Total Claims					

Best Available Copy